



# Land Use Program Income Certification Package Tutorial for Owners and Duly Authorized Agents

Presented by the Los Angeles Housing Department (LAHD)  
Occupancy Monitoring Section and Urban Futures Bond  
Administration (UFBA)

Questions? Call (213) 808-8806 or email: [lahd.occmonitor@lacity.org](mailto:lahd.occmonitor@lacity.org)

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## What you should know before you begin completing the Income Certification Package:

- **Read your covenant for specifics.**  
Your land use covenant specifies the rent that you can charge, tenant household income limits, how many and which units are restricted, affordability term, and how to maintain compliance with the City of Los Angeles.
- **Advertise.**  
Your land use covenant requires you to advertise the project's affordable units to inform the public when and how to apply.
- **Keep your records and report annually.**  
After applicants have been certified for income eligibility and moved in as tenants, keep income certifications on file. You must submit an annual report to UFBA, who will review your affordable tenants roster and verify that rents are within the current allowable limit. UFBA will send you an introductory letter when it is time to submit your first report. As part of your covenant requirements, you are responsible for an annual monitoring fee. LAHD will send you an invoice each year.



## What you should know before you begin completing the Income Certification Package (continued):

- Submit a complete Income Certification Package after you have completed your property's rental screening process (e.g., credit history, ability to pay rent, identification, etc.).
- You, as the property owner/agent/manager, shall:
  - Select the Eligible Household to occupy a Restricted Unit, subject to LAHD's certification of eligibility.
  - Verify eligibility using pay stubs, income tax records, bank deposits, and other records required to **calculate** annual income.
- Your policies and procedures for processing any rental application shall be fair and equal among all applicants and adhere to federal, state, and local laws.



## What you should know before you begin completing the Income Certification Package (continued):

- **The Income Certification Package should be completed by the owner/duly authorized agent.** The prospective tenants are responsible for providing their income documentation to you.
- LAHD recommends that you complete the Income Certification Package together with the prospective tenants.
- **Any incomplete Income Certification Package will not be reviewed and be returned. Owner/agent must complete the Income Certification Package prior to resubmission or the review will be closed.**



## What you should know before you begin completing the Income Certification Package (continued):

- LAHD's contractor Urban Futures Bond Administration (UFBA), currently handles the review of Income Certification Packages.
- **Submit Income Certification Packages by email ONLY to UFBA: [lucert@ufbahc.com](mailto:lucert@ufbahc.com).** Email complete the Income Certification Packages with supporting documents **all in one email thread**.
- UFBA has 10 business days from the date of receiving a **complete** Income Certification Package to provide a final determination.
  - Please advise prospective tenants that they are only able to move into the restricted unit after their income has been certified by LAHD/UFBA. They should not give notice to their current landlord before or during the review.



## **Annual income includes, but is not limited to:**

(a) Annual income includes, with respect to the family:

(1) All amounts, not specifically excluded in paragraph (b) of § 5.609 Annual income (link below), received from all sources by each member of the family who is 18 years of age or older or is the head of household or spouse of the head of household, plus unearned income by or on behalf of each dependent who is under 18 years of age, and

(2) When the value of net family assets exceeds \$52,787 (which amount HUD will adjust annually in accordance with the Consumer Price Index for Urban Wage Earners and Clerical Workers) and the actual returns from a given asset cannot be calculated, imputed returns on the asset based on the current passbook savings rate, as determined by HUD.



## Calculating Income

- LAHD calculates income based on the HUD definitions found in 24 CFR Part 5.
- The owner/duly authorized agent should collect income documentation from the household, then calculate the household's projected income for the coming 12-month period based upon documentation.
- Convert periodic wages to annual income by multiplying:
  1. Hourly wages by the number of hours worked per year (2,080 hours for full-time employment with a 40-hour week and no overtime);
  2. Weekly wages by 52;
  3. Bi-weekly wages (paid every other week) by 26;
  4. Semi-monthly wages (paid twice each month) by 24; or
  5. Monthly wages by 12



## 4 Income Calculation Methods

LAHD calculates employment income with the following 4 methods.

Income calculations using paystubs (LAHD requires 2 months of paystubs):

<p><b><u>1. Average Paycheck</u></b> Calculate all gross income shown on the 2 months of paystubs. Multiply average paycheck earnings by the number of paychecks per year.</p>	<p><b><u>2. Year-to-Date (YTD) using paystubs</u></b> Calculate how many days in the year have elapsed and annualize the income.</p>	
<p><b>Example:</b> \$2,600 average pay <u>× 12 monthly paychecks per year*</u> <b>\$31,200 annual income</b></p> <p>*If the number of paychecks per year are:</p> <ul style="list-style-type: none"> <li>• Semi-monthly, multiply by 24</li> <li>• Bi-weekly, multiply by 26</li> <li>• Weekly, multiply by 52</li> </ul>	<p><b>Example:</b> \$7,700 YTD gross earnings (as of April 1, 2026)</p> <p><b><u>Step 1</u></b> 91 days in year so far <u>÷ 7 days a week</u> = 13 total weeks</p>	<p><b><u>Step 2</u></b> \$7,700.00 ÷ 13 weeks YTD = \$592.31</p> <p><b><u>Step 3</u></b> \$592.31 × 52 weeks = <b>\$30,800 annual income</b></p>

## 4 Income Calculation Methods

Income calculation using Verification of Employment (VOE):

<p><b><u>3. Hourly</u></b> Multiply hourly wages by the number of hours worked per year.</p>	<p><b><u>4. Year-to-Date (YTD) using VOE</u></b> Calculate how many days in the year have elapsed and annualize the income.</p>	
<p><b>Example:</b> \$15 hourly wage (40 hours per week × 52 weeks) <u>× 2,080 annual hours</u> <b>\$31,200 annual income</b></p>	<p><b>Example:</b> \$7,700 YTD gross earnings (as of April 1, 2025) <b><u>Step 1</u></b> 91 days in year so far <u>÷ 7 days a week</u> = 13 total weeks</p>	<p><b><u>Step 2</u></b> \$7,700.00 ÷ 13 weeks YTD = \$592.31  <b><u>Step 3</u></b> \$592.31 × 52 weeks = <b>\$30,800 annual income</b></p>

NOTE: The highest of the 4 calculations methods must be used as the annual income and must be within the income limit.



## Income Calculation Resources

If you need additional assistance certifying tenants, you may choose to hire a professional property management firm that can provide further assistance and/or seek further training.

One resource to consider is the Affordable Housing Management Association (AHMA) website, which lists local events and webinars for those interested. Their website is:

<https://www.ahma-psw.org/events/>





# Request for Income Certification

All information on this page is required. Do not leave any fields blank.

## LAHD - REQUEST FOR INCOME CERTIFICATION

Requests for income certifications are ONLY accepted from the owner or duly authorized agent. LAHD/UFBA will respond within ten (10) business days after a complete request and all documentation are received. Incomplete requests will not be reviewed after five (5) business days from the date notified of the missing documentation, and the review request will be closed. Additional documentation may be requested by the reviewer. Attach additional page(s) for households with 5 or more members.

To: Urban Futures Bond Administration  
Occupancy Monitoring Agent for LAHD  
Email: [luceri@ufbahc.com](mailto:luceri@ufbahc.com)

Date: \_\_\_\_\_

From: \_\_\_\_\_

**Income certification forms must be completed by the owner or duly authorized agent only.**

Owner     Duly Authorized Agent

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Name of Household (HH) Member(s): #1 : \_\_\_\_\_ #2: \_\_\_\_\_

#3 : \_\_\_\_\_ #4: \_\_\_\_\_

Number of Adults (over 18): \_\_\_\_\_ Number of Children (under 18): \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Unit Square Footage: \_\_\_\_\_ Homeless:

Maximum Allowable Rent Limit: \$ \_\_\_\_\_ Tenant Portion of Rent: \$ \_\_\_\_\_

Maximum Allowable Income: \$ \_\_\_\_\_  Extremely Low  Very Low  Low  Moderate  Workforce

Total Annual Household Income from All Sources: \$ \_\_\_\_\_ (\*Must match the Tenant Income and Rent Certification Form)

**If the Project consists entirely of affordable restricted units under programs like LIHTC or is partially funded with LAHD Multifamily Housing tax-exempt bonds at income levels equal to or stricter than those required, the Owner does not need LAHD's certification of tenant income eligibility before move-in. Restricted Units will be reviewed annually to confirm compliance with the income and rent limits.**

### For Owner/Agent Preparer Use Only

Owner/Duly Authorized Agent of this request has determined that the above household is an Eligible Household and requests that LAHD certify its selection. All supporting documentation is attached to this review. I certify that the household has not moved into the unit and will not move into the unit until LAHD confirms that the household is an Eligible Household.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Owner     Duly Authorized Agent

**For LAHD/UFBA Use Only** LAHD/UFBA reviewer has completed their assessment and confirms that the above household is:

an **Eligible Household**.     **not an Eligible Household**.

*If Eligible, this certification is only valid for up to 90 days from the date of this notification.*

*The household was **not eligible** for the following reason(s):*

Income exceeds limit     Conflict of Interest  
 Occupancy standards were not met

Other: \_\_\_\_\_

**The review has been closed.**

*The income certification review was closed for the following reason(s):*

Information was incomplete or incorrect  
 Necessary documents were not provided

LAHD/UFBA Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_



# Request for Income Certification

Project Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Name of Household (Full Name(s)): \_\_\_\_\_ (Number 18): \_\_\_\_\_

Unit Square Footage: \_\_\_\_\_ Homeless:

Maximum Allowable Rent Limit: \$ \_\_\_\_\_ Tenant Portion of Rent: \$ \_\_\_\_\_

Maximum Allowable Income: \$ \_\_\_\_\_  Extremely Low  Very Low  Low  Moderate  Workforce

Total Annual Household Income from All Sources: \$ \_\_\_\_\_ (\*Must match the Tenant Income and Rent Certification Form)

Refer to your current rent schedule to see the Maximum Allowable Income and enter that number here. Restricted units can be *Moderate, Low, Very Low, or Extremely Low*. Check the box that applies to the specific unit.

How much will the monthly rent be? Refer to your current rent schedule for the maximum Unit Rent. The monthly rent should never exceed the maximum allowable rent level.

Tiena Johnson Hall, General Manager  
Tricia Keane, Executive Officer

Anna E. Ortega, Assistant General Manager  
Luz C. Santiago, Assistant General Manager  
Craig Arceneaux, Acting Assistant General Manager

City of Los Angeles



Karen Bass, Mayor

LOS ANGELES HOUSING DEPARTMENT  
1910 Sunset Blvd, Ste 300  
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housing.lacity.gov

## LOS ANGELES HOUSING DEPARTMENT

### 2025 Income and Rent Limit - Land Use Schedule VI

Effective Date: July 1, 2025

	AMI	Net AMI	
2024 Area Median Income (AMI)	\$98,200	\$92,850	Change in AMI from 2024 = 8.6%
2025 Area Median Income (AMI)	\$106,600	\$100,100	Change in Net AMI from 2024 = 7.8%

Table I: Qualifying Maximum Income Levels Based on Family Size

Income Level	Family Size							
	One	Two	Three	Four	Five	Six	Seven	Eight
Acutely Low (15%)	\$11,200	\$12,800	\$14,400	\$16,000	\$17,300	\$18,550	\$19,850	\$21,100
Extremely Low (30%)	\$31,850	\$36,400	\$40,950	\$45,450	\$49,100	\$52,750	\$56,400	\$60,000
Very Low (50%)	\$53,000	\$60,600	\$68,150	\$75,750	\$81,800	\$87,850	\$93,900	\$100,000
Low (80%)	\$84,850	\$96,950	\$109,050	\$121,150	\$130,850	\$140,550	\$150,250	\$159,950
Moderate (120%)	\$89,550	\$102,300	\$115,100	\$127,900	\$138,150	\$148,350	\$158,600	\$168,850

Table II: Maximum Allowable Rent Levels

Rent Level	Bedroom Size							
	Single	1-BR	2-BR	3-BR	4-BR	5-BR	6-BR	7-BR
Acutely Low (15%)	\$263	\$300	\$338	\$375	\$405	\$435	\$465	\$495
Extremely Low (30%)	\$526	\$601	\$676	\$751	\$811	\$871	\$931	\$991
Very Low (50%)	\$876	\$1,001	\$1,126	\$1,251	\$1,351	\$1,451	\$1,552	\$1,652
Low (60%)	\$1,051	\$1,201	\$1,351	\$1,502	\$1,622	\$1,742	\$1,862	\$1,982
Moderate (110%)	\$1,927	\$2,202	\$2,477	\$2,753	\$2,973	\$3,193	\$3,413	\$3,634

This is a sample rent schedule. If you do not have a current Income and Rent Schedule, contact LAHD at [lafd.occmotor@lacity.org](mailto:lafd.occmotor@lacity.org) or (213) 808-8806.

Refer to this table to see the Maximum Allowable Income level based on Household Size. Refer to your Covenant for Income Level. Contact LAHD if you need a copy of your Covenant.

Refer to this table to see the Maximum Allowable Rent. Refer to your Covenant for Rent Level.



## Checklist of Requirements

Please include this checklist when you submit the Income Certification Package to UFBA.

Documentation must be within 30 days old at the time of your submission.

### LAHD - CHECKLIST OF REQUIREMENTS

For *EACH* adult household member (over 18 years of age)

Please include this checklist when you submit the Income Certification Package to UFBA.

Documentation must be within 30 days old at the time of your submission.

1. Provide all of the following forms signed by each adult household member over 18 years of age:

- Request for Income Certification
- Tenant Income and Rent Certification Form (TIRC)
- Tenant Income Certification Questionnaire (TIC-Q)
- Applicant and Owner/Authorized Agent Statement Form
- Conflict of Interest Form
- Asset Certification Form
- Signed copy of the most recent income tax return or IRS Verification of Non-Filing

2. If employed, provide the following documents:

- Copies of payroll stubs for the two (2) most recent months for every employer
- Verification of Employment form completed by employer

3. If self-employed, provide the following documents:

- Signed copy of the most recent years' income tax return with Schedule C (1099 if Applicable)
- Current six (6) month profit and loss statement

4. If an adult household member is not employed, provide:

- Certification of Zero Income form

5. If an adult household member is receiving other benefits, provide:

- Proof of any income (e.g., Social Security, Award Letter, Pension, retirement income, unemployment checks, child support, alimony Public Assistance, CAPI, TANF/AFDC, Disability and/or Worker's Compensation Benefit Information, General Assistance or other sources of income). NOTE: For unemployment checks, the household member must provide EDD Transcript available from: <https://edd.ca.gov/>

6. If a household member has Assets (Checking, Savings, Stocks, Bonds, CD's, Investments Accounts, etc.), provide:

- Current month of most recent account statements for all Checkings, Savings, CD's, etc. accounts (all pages)

7. If an adult owns Real Estate, provide:

- Information on Real Estate Ownership (Fair Market Value and/or Closing Statement)

**PLEASE NOTE:** UFBA will respond within ten (10) business days after a complete request and all documentation are received. Incomplete requests will not be reviewed after five (5) business days from the date notified of the missing documentation, and the review request will be cancelled. Additional documentation may be requested by the reviewer for final confirmation. UFBA is not allowed to speak to the household; Please do not give UFBA's contact information to the household. If you have any questions, please call your assigned UFBA reviewer.



## Required Documents: Bank and Account Statements

- Owner/Duly Authorized Agent is responsible for:
  - Including **ALL** pages of the most recent bank statement for **ALL** checking accounts for each household member and **ALL** pages of the most recent account statements for all other asset accounts.
  - Reviewing **ALL** bank statements thoroughly.
    - The deposits reflect **ALL** income.
  - Clarifying the source of additional income in bank statements by providing a written statement by the household member. For example:
    - Explain source of large deposits.
    - Explain all recurring deposits other than their employment income.
    - Written clarification statements must be signed under penalty of perjury.



## Required Income Verification Documents

Employed household member(s) must submit:

- Copies of two (2) months of recent payroll stubs
- Signed copy of the most recent income tax returns forms (all pages)
- Bank statement - all pages of **ALL ACCOUNTS**
  - Most recent account statement for all accounts
- Verification of Employment form

Self-employed household member(s) must submit:

- Signed copies of the most recent years' income tax return with Schedule C (1099 if Applicable)
- Current six (6) month profit and loss statement
- Bank statement - all pages of **ALL ACCOUNTS**
  - Most recent account statement for all accounts



# Tenant Income and Rent Certification (TIRC)

The Tenant Income and Rent Certification Form (TIRC) summarizes all the household's information. The TIRC is 2-pages. All fields on this form must be completed.

Please read the "Instructions for Completing the Tenant and Rent Certification Form." The Instructions are pages 7 - 10 of the Income Certification Package.

**LAHD - TENANT INCOME AND RENT CERTIFICATION (TIRC) FORM**

This form is to certify: 1) rent charged and 2) household income eligibility to occupy a City of Los Angeles land use-restricted affordable unit. Both the Owner/Duly Authorized Agent and all adult household members must complete, sign, and date this form. Income for all adult household members (over 18 years of age) must be reported. For some programs, household income certification is required on an annual basis.  
Instructions are included after this form (starting on page 7).

Part A. General Property Information						
Project Name: _____						
Property Address: _____			City: _____	State: <u>CA</u> Zip: _____		
Owner Name: _____				Phone: _____		
Owner Address: _____				Email: _____		
Part B. Unit and Household Information						
Unit Number: _____	Number of Bedrooms: _____	Move-In Date and Certification Type: <input type="checkbox"/> New Tenant <input type="checkbox"/> Household Change <input type="checkbox"/> Comparable Replacement Unit <input type="checkbox"/> Post Move-In Certification Estimated Move-in Date: _____ Original Move-in Date: _____ <input type="checkbox"/> N/A				
Income Level: <input type="checkbox"/> 30% – Extremely Low <input type="checkbox"/> 50% – Very Low <input type="checkbox"/> 60% – Low <input type="checkbox"/> 80% – Low <input type="checkbox"/> 120% – Moderate <input type="checkbox"/> 150% – Workforce		Utilities Paid by Tenant: <input type="checkbox"/> Covenant executed before April 1, 2017. Utility Allowance does not apply (No need to complete this section). <input type="checkbox"/> Gas Cooking <input type="checkbox"/> Gas Space Heating <input type="checkbox"/> Gas Water Heating <input type="checkbox"/> Electric Cooking <input type="checkbox"/> Electric Space Heating <input type="checkbox"/> Electric Water Heating <input type="checkbox"/> Basic Electric <input type="checkbox"/> Range (Stove) <input type="checkbox"/> Refrigerator <input type="checkbox"/> Trash Collection <input type="checkbox"/> Code Enforcement <input type="checkbox"/> Water and Sewage <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Rent Stabilization Fee <input type="checkbox"/> Utilities Paid By Owner				
(1) Tenant Portion of Rent: \$ _____	(2) Utility Allowance: \$ _____	(3) Rental Subsidy: <input type="checkbox"/> Project Based Rental Subsidy <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Shelter Plus Care <input type="checkbox"/> Other Rental Subsidy			Subsidy Amount: \$ _____	Total Unit Rent (1 + 2 + 3): \$ _____ <i>Please use the calculation table provided in the Instructions (page 8).</i>
Part C. Household Composition and Gross Annual Income – See Instructions starting page 7						
Name of Household Member(s) <small>(including students and/or other temporary absentee family members)</small>	Relationship to Head of Household	Age	Type of income	Documentation on File?	Current Monthly Gross Income	Projected Gross Annual Income
1.	Head of Household			<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Head of Household's Phone Number: _____				<b>(A) Total Projected Household Income:</b>		
Head of Household's Email: _____						

LOS ANGELES HOUSING DEPARTMENT - OCCUPANCY MONITORING INCOME CERTIFICATION - PAGE 5



# Instructions for Completing the Tenant Income and Rent Certification Form (TIRC)

Instructions for each field in the Tenant Income and Rent Certification (TIRC) Form are included in these pages. Please refer to the Instructions if you need additional information.

## INSTRUCTIONS FOR COMPLETING THE TENANT INCOME AND RENT CERTIFICATION FORM

The TIRC form is to be completed by the owner or a duly authorized agent.

### Part A. General Property Information

Enter the following general property and owner information.

Project Name	Enter the name of the project.
Property Address	Enter the property's address, including the street address, city, state, and zip code.
Owner Name	Enter the owner's name.
Owner Address, Phone, and Email	Enter the owner's address, phone number, and email address.

### Part B. Unit and Household Information

Unit Number	Enter the unit number. Please refer to the property's Covenant Agreement to ensure you meet all restricted unit requirements.
Number of Bedrooms	Enter the number of bedrooms. Please refer to the property's Covenant Agreement to ensure you meet all restricted unit requirements.
Certification Type	Check the most appropriate box. <b>New Tenant:</b> For new households. <b>Household Change:</b> For household changes, such as the addition of a new household member. <b>Comparable Replacement Unit:</b> For income certifying a household for a Comparable Replacement Unit (CRU). <b>Post Move-In Certification:</b> For households who moved in without being income certified.
Move-In Date	Enter the Estimated Move-in Date and/or Original Move-in Date of the household. If the household is not currently a tenant and the Original Move-in Date is not applicable, check the box for "N/A" and leave the Original Move-in Date blank.
Income Level	Enter the income level. Refer to your property's Covenant Agreement for the income level designation(s) of the restricted unit(s).
Utilities Paid by Tenant	Utility Allowance applies for Covenant Agreements executed on or after April 1, 2017. Check all boxes corresponding to the utilities paid by the household. If your property's Covenant Agreement does not require Utility Allowance, check the box that states, "Covenant executed before April 1, 2017. Utility Allowance does not apply." Covenants executed on or after April 1, 2017 require Utility Allowance.



## Utility Allowance

- Utility Allowance applies for Covenant Agreements executed on or after **April 1, 2017**. If your Covenant Agreement was executed before April 1, 2017, the Utility Allowance does not apply to your property.
- If the tenant pays for any of the HACLA-listed utilities (to the owner or provider), they are entitled to receive corresponding utility allowances. The total utility allowance amount must be deducted from tenant's rent.
- LAHD uses HACLA's Utility Allowance schedule, which can be found on this website: <https://www.hacla.org/en/about-section-8/utility-allowances>.
  - Please use the utility allowances allocated for **Multi-Family Residential Housing**.



## Utility Allowance (Continued)

- Please refer the TIRC Instructions for a guide for calculating the rent with Utility Allowance. An example is also included in the next page.
- Additional Considerations:
  - If the Owner is providing the Refrigerator and/or Stove for the restricted unit, do not include this utility in your calculations or reporting.
  - SCEP fee allowances apply to all restricted units in multi-family buildings.
  - RSO fee allowances may apply to rental units built before October 1, 1978, including Unpermitted Dwelling Units (UDUs).



## Utility Allowance - Example

**Step 1:** Maximum Allowable Rent for a 1-Bedroom, Schedule 6, Very Low Income (50% AMI) unit (as of 7/1/2025) = \$1,001

**Step 2:** Utilities Paid By Tenant: Electricity, Trash, SCEP Fee

Utility Allowances (as of 12/1/2025)

Basic Electricity:	\$ 24
Trash Collection:	\$ 56
SCEP Fee:	<u>\$ 3</u>
Total Utility Allowance:	\$ 83

**Step 3:** Calculate rent with Utility Allowance.

Maximum Allowable Rent:	\$ 1,001
<u>Less Total Utility Allowance:</u>	<u>\$ 83</u>
Rent Limit After Utility Allowance:	\$ 918

## Asset Income Example

Review bank statements for important information including:

- last 4 digits of account number,
- interest rates,
- deposits, and
- ending balances.

You will need this information to complete the Income Certification Package.

CHASE SAVINGS	
Account Number: ██████████ 5692	
SAVINGS SUMMARY	
Beginning Balance	AMOUNT \$25.01
Ending Balance	\$25.01
Annual Percentage Yield Earned This Period	0.00%
Your monthly service fee was waived because you made at least one qualifying recurring automatic monthly transfer from a Chase checking account to this account in the last statement period.	

CHASE CHECKING		
Account Number: ██████████ 0567		
CHECKING SUMMARY		
Deposits and Additions	AMOUNT 639.00	
Checks Paid	-321.00	
ATM & Debit Card Withdrawals	-905.00	
Electronic Withdrawals	-49.00	
Ending Balance	-\$59.60	
DEPOSITS AND ADDITIONS		
DATE	DESCRIPTION	AMOUNT
04/01	Ssi Treas 310 Xxsupp Sec ██████████	\$639.00
Total Deposits and Additions		\$639.00

## Asset Income Example Calculations

John and Mary Smith have the following assets:

- John has a Savings Account (Account Number ending in -1234)
  - Most recent ending balance: \$50,000
  - The Savings Account has a 1% interest rate
- Mary has a Checking Account (Account Number ending in -5678)
  - Most recent ending balance: \$10,000
  - The interest rate is not indicated on the Checking Account statement

## Asset Income Example Calculations Continued

- Calculations for Asset Income:
  - Net Cash Value × Interest Rate = **Actual Income from Asset**
  - Net Cash Value × 2026 HUD Passbook Rate (0.40%) = **Imputed Income**
    - Use the Imputed Income calculation when the interest rate is not known. Imputed Income only needs to be calculated if the households assets are valued at \$52,787 or more.
    - The HUD Passbook Rate is subject to change annually.
- Assets and Asset Income must be reported on the TIC-Q, TIRC, and Asset Certification form.
- NOTE: Imputed Income for households with total assets below \$52,787 does not need to be reported on the TIRC. HUD may change this threshold annually.

## Asset Income Example Calculations Continued

Using the Smiths' Assets as an example:

If the interest rate is known, calculate the Actual Income from Asset

- John's Savings:  $\$50,000 \times 1\% = \$500$

If the interest rate is not known, calculate the Imputed Income from Asset

- Imputed Income is the cash value of the asset multiplied by the HUD Passbook Rate of 0.40%.
- Mary's Checking:  $\$10,000 \times 0.40\%$  (HUD Passbook Rate) = \$40

**John and Mary Smith's Total Asset Income = \$540**



## Required Form: Applicant Statement

**Both** the applicant and the owner/duly authorized agent must read, sign, and date the form. **The applicant must initial by each statement.**

When signing this form, applicants agree to this statement: **“Failure to disclose ALL income and assets will be grounds for cancellation of my income certification review.”**

### LAHD - APPLICANT STATEMENT

EACH adult household member must complete a copy of this form. Please read and initial beside EACH statement to indicate that you have read, understand, and agree with each statement.

\_\_\_\_\_  
(Initial) I hereby swear that the information in this review package is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Initial) I understand that a misrepresentation of my income or the income of anyone else in my household may constitute a default in the agreement under which the unit will be occupied and may be cause for the disqualification of the agreement, pursuant to California's unlawful detainer procedures.

\_\_\_\_\_  
(Initial) I have disclosed all income and assets, and any inquiries may be made to verify the statements I submitted herein. **Failure to disclose ALL income and assets will be grounds for cancellation of my income certification review.**

\_\_\_\_\_  
(Initial) I understand that I cannot move into the unit until the Los Angeles Housing Department (LAHD) confirms that I am an Eligible Household, and I should not issue notice at my current residence until my income is certified.

\_\_\_\_\_  
(Initial) I have been advised that as part of the review process, LAHD may conduct a comprehensive background check. **Furthermore, I understand that this review process serves only to confirm my household income, as reported.**

\_\_\_\_\_  
(Initial) I understand that the Owner has the right to manage their own separate tenant screening and selection processes. I understand that if any members in my household do not meet the standards of the separate screening or selection process (e.g., credit score, rent-to-income ratio, rental history, etc.), the Owner may deny my household application based on their own criteria so long as it is applied fairly and equally amongst all applicants and adheres to all Federal, State, and local laws.

\_\_\_\_\_  
(Initial) I understand that it is a crime, punishable by up to four (4) years in prison, to swear to facts which are not true and complete to the best of my knowledge. Furthermore, I understand that Title 18, Section 1001 of the U.S. Code states **“a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.”** In addition, making false statements is a felony under California State Law (Penal Code Section: 115, 118, 487, 532) and may result in criminal charges including perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses.

\_\_\_\_\_  
Household Member Name (Print)

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

*(Please attach additional copies for each adult household member.)*

### OWNER/DULY AUTHORIZED AGENT STATEMENT

I have read and understand the information in the "Request for Income Certification" document. As the Owner/Duly Authorized Agent, I certify that I have verified the information in this review package. Furthermore, I certify that the income submitted in the Request for Income Certification does not exceed the allowable income limits specified in the recorded covenant for the restricted unit.

\_\_\_\_\_  
Owner/Duly Authorized Agent Name (Print)

\_\_\_\_\_  
Owner/Duly Authorized Agent Signature

\_\_\_\_\_  
Date



## Required Form: Conflict of Interest

The adult household member(s)  
must read and initial each  
statement.

**Both** the household member(s)  
and the owner/duly authorized  
agent must read, sign, and date  
the form.

### LAHD - CONFLICT OF INTEREST FORM

The Regulatory Agreement and/or Covenant Agreement Running with the Land ("Agreement") recorded against this Project restricts all or some unit(s) for Income Eligible Households. The Agreement also includes Conflict of Interest restrictions. Per the Agreement, the Owner is prohibited from renting Restricted Unit(s) to certain individuals.

**Each adult household member must read and initial beside EACH statement to indicate that you have read, understand, and agree with each statement.**

I hereby certify, under penalty of perjury, that:

- \_\_\_\_\_ (a) I am **NOT** an Owner, developer, or sponsor of the Project
- \_\_\_\_\_ (b) I am **NOT** an officer, employee, agent or consultant, or elected or appointed official of an Owner, developer or sponsor of the Project
- \_\_\_\_\_ (c) I am **NOT** a member of the Immediate Family of any such person described in subsections (a) and (b)

**WARNING:** Title 18, Section 1001 of the U.S. Code states "a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."

**VIOLATORS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW AND WILL BE PROHIBITED FROM PARTICIPATING IN ANY AND ALL CITY HOUSING PROGRAMS.**

Household Member Name (Print) \_\_\_\_\_ Household Member (Print) \_\_\_\_\_

Household Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Household Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Household Member Name (Print) \_\_\_\_\_ Household Member Name (Print) \_\_\_\_\_

Household Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Household Member Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please attach additional pages if there are more than 4 adult members of the household.)

**For Owner/Duly Authorized Agent:**

I have read, reviewed, and understand the information provided in this form. As the Owner or Duly Authorized Agent, I hereby certify, under penalty of perjury, that I have verified the information provided on this form and that it is true and accurate to the best of my knowledge.

Owner/Duly Authorized Agent Name \_\_\_\_\_ Owner/Duly Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_



# Required Form: Asset Certification (2-page form)

Each adult household member must complete both pages of the form and sign the 2nd page.

## LAHD - ASSET CERTIFICATION

Complete one form per adult household member.

Household Member Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Complete all that apply for Questions 1 through 4:

1. Choose One.

- I do not have any assets at this time.  
 My assets include:

*Please complete each item fully with amounts or N/A in columns that do not apply.*

(A) Cash Value	(B) Interest Rate	(A × B) Actual Income from Asset	Source	(A) Cash Value	(B) Interest Rate	(A × B) Actual Income from Asset	Source
\$		\$	Checking I	\$		\$	Savings I
\$		\$	Checking II	\$		\$	Savings II
\$		\$	EBT/Debit	\$		\$	CD
\$		\$	Paypal/ Venmo/etc.	\$		\$	Money Market
\$		\$	Paypal/ Venmo/etc.	\$		\$	Cash over \$250
\$		\$	Paypal/ Venmo/etc.	\$		\$	Stocks
\$		\$	Crypto	\$		\$	Trust
\$		\$	Life Insurance Policies with cash out option				
\$		\$	Other (list) _____				

*Cash value is defined as market value minus the cost of converting the asset to cash, such as, broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.*

**Total Actual Income from Assets:** \_\_\_\_\_ (Add all "Actual Income from Asset" columns together)

2. Choose one:

- I/we have not sold or given away assets (including cash, real estate, etc.) for less than market value during the past two (2) years.  
 Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV).

Those amounts are included above and are equal to a total of: \_\_\_\_\_

*Amount equals the difference between fair market value and the amount received*



# LAHD

LOS ANGELES HOUSING DEPARTMENT

## Verification of Employment Form

### LAHD – REQUEST FOR VERIFICATION OF EMPLOYMENT

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in confirming whether you may be certified as a prospective renter under a City of Los Angeles program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your income certification review as a prospective renter may be delayed or cancelled.

**Instructions:** Project Owner/Agent – Complete Items 1 through 7. Have household member complete Item 8. Forward directly to employer named in Item 1.  
Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to the party named in Item 2.  
(The form is to be transmitted directly to the Owner/Agent and is not to be transmitted through the household member or any other party.)

#### Part I - Request

1. To (Name and address of employer) Name:	2. From (Name and address of Project Owner/Duly Authorized Agent) Name:
Address:	Address:

I certify that this verification has been sent directly to the employer and has not passed through the hands of the household member or any other interested party.

3. Signature of Project Owner/Duly Authorized Agent	4. Title	5. Date	6. Phone Number (Optional)
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I state that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name of Household Member (Include employee number):  Address of Household Member:	8. Signature of Household Member:
--	-----------------------------------

Read and follow the instructions written.

You, as the Property Owner, Agent, or Manager are only responsible for Part I of this form.



# Verification of Employment Form Continued

Part II – Verification of Present Employment					
9. Household Member's Start Date of Employment:		10. Present Position:		11. Probability of Continued Employment:	
12 A. Rate: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Other: _____ If paid hourly – average hours per week: _____		13. For Military Personnel Only Pay Grade Type Monthly Amount		14. If any Overtime and/or Bonus/Commission is applicable, is its continuance likely? Overtime (OT) <input type="checkbox"/> Yes <input type="checkbox"/> No	
12 B. Year to Date Gross Earnings		Base Pay \$		OT Rate per hour	
Current Year to Date (Start Date):		Rations \$		Average # of OT Hrs (per week)	
Current Year to Date (End Date):		Flight or Hazard \$		Bonus/Commission/Tips <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Current Year	Past Year	Clothing \$	Amount \$ _____ (check one) <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> other: _____	
Base Pay	\$	\$	Quarters \$	15. Date of Household Member's next pay increase:	
Overtime	\$	\$	Prop Pay \$	16. Projected amount of next pay increase:	
Commission, Bonus, other	\$	\$	Overseas or Combat \$		
Total	\$	\$	Variable Housing Allowance \$		
17. Remarks (Please use this area to describe any special circumstances like bonuses, overtime work, or extended time off):					
Part III – Verification of Previous Employment					
18. Date Hired:		20. Salary/Wage at Termination per: <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Week			
19. Date Terminated:		Base: \$ _____ Overtime: \$ _____ Commissions: \$ _____ Bonus: \$ _____			
21. Reason for Leaving:			22. Position Held:		
<b>Part IV – Authorized Signature</b> Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states "a person is guilty of a <b>felony</b> for knowingly and willingly making false or fraudulent statements to any department of the United States Government."					
23. Signature of Employer:		24. Title (Please print or type):		25. Date:	
26. Print or type name signed in Item 23.		27. Phone:		28. Email:	
U.S. GOVERNMENT REQUIRED INFORMATION   PLEASE RESPOND WITHIN 5 DAYS.					

Parts II, III, and IV should be sent to the household member's employer to be completed and sent back to you.

Include the completed Verification of Employment form in your Income Certification Package submission.

**This form should be sent directly to the employer via mail, email, or fax and not given to the employee (household member) for delivery.**

## Other Verification Forms

- Complete, sign, and submit these forms (when applicable):
  - CERTIFICATION OF ZERO INCOME
  - VERIFICATION OF CHILD SUPPORT PAYMENTS
  - VERIFICATION OF RECURRING INCOME
  - RECORD OF VERIFICATION/CLARIFICATION
- If the form is not applicable to the household, you do not need to submit the form or you can write “N/A” on the form and submit it.



LOS ANGELES HOUSING DEPARTMENT

# Property Owner and Property Management Information

Complete this form if there have been any changes in ownership or management. LAHD needs to have the most current contact information.

This is not part of the Income Certification Package.

Email [lahd.occmmonitor@lacity.org](mailto:lahd.occmmonitor@lacity.org) if you need this form.



## PROPERTY OWNER & PROPERTY MANAGEMENT

### INFORMATION UPDATE FORM

(TYPE OR PRINT LEGIBLY)

**RETURN BY EMAIL TO: [lahd.occmmonitor@lacity.org](mailto:lahd.occmmonitor@lacity.org)**

Information below is accurate as of:		/	/	(Format: MM/DD/YYYY)
<b>Project Information</b>				
Project Name:	Project Street Address:			
APN:	City:	ZIP:	Total Res. Units:	
<b>Owner Information</b>				
Owner Name (first & last):				
Street Address:				
City, State, Zip code:				
Work Phone: ( )	Mobile Phone: ( )			
Email:				
<b>If the owner is a Legal Entity</b>		<b>Legal Entity Name:</b>		
Legal Entity's contact name:	Entity Phone: ( )	Entity Email:		
<b>Property Management Company Information</b>				
Property Management Company:				
Street Address:				
City, State, Zip Code:				
Company Contact Name (first & last):		Title:		
Work Phone: ( )	Mobile Phone: ( )			
Email:				
On-Site Manager Name (first & last):				
On-Site Manager Contact Phones:	Work: ( )	Cell: ( )		
<b>Contact Information for Correspondence</b>				
Contact Name:				
Street Address:				
City, State, Zip Code:				
Work Phone: ( )	Email Address:			
The information in this document is true and knowingly submitted to LAHD and effective as of the date indicated above.				
Type or print the name & title of the person submitting the document				Signature

## Is the Income Certification Package complete?

- Double-check every page in the Income Certification Package for completeness.
- Have all fields been completed?
- Are all required signatures provided?
- Have you provided all required supporting documentation?
- Anticipate any questions we may have about the Income Certification Package.
  - Will we need any clarification about the Income Certification Package?
  - Is any clarification provided?
- Do not hesitate to add additional documents or statements to help us understand more about the submitted Income Certification Package.

*Remember: LAHD/UFBA will only review complete packages.*



## Most common reasons for closing a review or deeming a household not eligible:

### 1. The Income Certification Package is incomplete.

Submitting a complete Income Certification Package prevents delays in the Owner's overall application process. Use this tutorial as a tool to ensure your Income Certification Package is complete to ensure it is reviewed.

### 2. Failure to disclose all sources of income and all assets.

All income and assets **MUST** be disclosed with the Income Certification Package. If all income and assets are not disclosed, it will be grounds for non-certification. **ALL** assets must be disclosed. This includes any and all checking accounts, savings accounts, business accounts, retirement accounts, investment accounts. If a household has multiple sources of income, provide income documentation for **ALL** sources of income.

### 3. Household is over the income limit.

Check the rent and income schedule that you were provided. Calculate the household's income using all required documents that you collected (e.g., pay stubs, bank statements, tax returns). **If the household's income is above the income limit, do not submit the Income Certification Package to LAHD/UFBA.**